-1	-	500				MARYLAND		01007
	1 - 3	FOR STATE	ME	DEPARTMENT OF			DEDEATH	01777
-	I. DEC	REGISTRAR CEASED NAME FIRST (CORPRINT)	7442	WIDDLE	ILK J	LAST	20. DATE KNOWN OF ESTI-	NO. MONTH DAY YEAR 26. 1
		ARTH	UR	C	CHE		DEATH MATED	□ 1-8-82 19
3). SEX		DATE OF BIRTH	YEAR LAST BIRTHD	AY) MON	HS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d.
1	70. BI	RTHPLACE ISTATE OR 7b.	CITIZEN OF W	1944 37 YI	8		9 BALTIMORE CITY	1-8-82 19 OR COUNTY OF DEATH
7		REIGN COUNTRY) Shington. D.C.	U.S.A.			VED DIVOR	= 1.10	inty
1	10 CI1	TY OR TOWN OF DEATH	IF NOT IN SUCH F	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)			120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	OR INDUSTRY
	USUA	L RESIDENCE (IF IN NURSING HOME OR OT		Co. General IVE RESIDENCE BEFORE ADMISSI		oital	Police Office	er Police
	30. ST Mar	ryland Prince	George	s Laurel		13d, INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 15941 Dorset I	Road
2			IDDLE	LAST		15. MOTHER'S MAID	DEN NAME MIDDLE	LAST
		Dert E. Cheek (AS DECEASED EVER IN U.S. ARMED	SODCES?	16b. SOCIAL SECURIT	VNIC	Harriett 17. INFORMANT	45556	Moultrup
2	(YE	(IF YES, GIVE WAR	OR DATES)	579 54 66			Anne Cheek, Lau	Dorset R.
		18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	/					APPROXIMATE INTER
1	9	IMMEDIATE C	AUSE (o)	ranio-cereb		injuries		
	9	Canditians, it any, which	DUE TO, ON	AS A CONSEQUENCE	OF			
		gove rise to immediate couse (a) stating the under-	(b)	AS A CONSEQUENCE	25			
		lying cause last.	(c)	The state of the s				
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONT		BUT NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a).	
\exists	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION V	AS PERFORMED?		20 AUTOPSY?
	TIFE							YES AN
3		210. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIBUTING CAUSE OF DEA	216. TIME O	MMONTH DAY YEAR	3		ED LENTER NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED	71e PLACE	OF INJURY (AT HOME,	21f. LC	CATION		The state of the s
	*	WHILE NOT WHILE AT WORK	jun	iction of	1	-95 exit r	amp and E-bound	d 175°Howard Co.
7		22a. I certify that I taak charge af	the remains de	scribed obave, held an	Autap	sy XX Inspection	an , Inquiry , o	and in my apinian
4		deoth resulted from: Natural c	ouses ,	Accident XX Su	icide	, Homicide .	Undetermined monner	
		ACTUAL SIGNATURE	donto,	Be you	12.	TITLE (SPECIFY)	T MEDICAL EXAMINER	DATE 1-9-82
1			0	have dead	,	.v. <u>ASSISTALI</u>	MEDICAL EXAMINER	SIGNED 2 02
1		EXAMINER'S NAME (TYPE OR PRINT)	cita A	Korell M.D		ADDRESS 111	Penn Street	
	730. BU	JRIAL, CREMATION, REMOVAL 236. [23c. NAME OF CEA			23d. LOCATION CITY OR TOWN	COUNTY STATE
-		Burial 1	13/1982	National	Men	erial Park	Com. Falls	Church Virginia
		hame seph Gawler's Son	ADDRESS	5130 Wiscon	sin	AV. NW 250. DATE	REC'D. BY REGISTRAR 735. REC	GISTOR'S SIGNATURE
	002	selat danter a pour	Walsh	ington, D.C	•	V JAN	131982 Chara	But the first of the same of the

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 2120	3 0
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	Spite
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
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	I DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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N	3 SE	F	4 RACE	NOV		6. AGE (IN YEARS LAST BIRTHDAY) 760 YRS	IF UNDER LYEAR IF UNDER 24 HRS.
15		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY USA	(? 8. MARRIE WIDOWI		9 BALTIMORE CITY OR COUNTY HOWARD	OF DEATH MI
Dotiffied		Llicott City	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATION (TYPEOFWORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
nec must be	13a.	AL RESIDENCE (IF NURSING HOME OF STATE HOW HOW	R OTHER INSTITUTION GIVE RESIDENCE BEFO NTY ard 13 CITY OR TO ELL 1CO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	i olio Carillon	Ct
Jesuine 30	14 F	David	MIDDLE Santay	Lowe	Sara Sara	ME MIDDLE	Sankey
medicol	16a \	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b SOCIAL SEC 200-32		Mary Jo Nid	o,10110 Carillon	Ct
of, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), o	and Ich			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve			TE CAUSE (0) Liver &	ulu	な_		6 wishs
gave rise to couse (0), st		Canditions, if ony, which gave rise to immediate couse (o), storting the underlying cause last.	DUE TO, OR AS A CONSEO		Irrest can		15 yran
to bu njury,	NO	CAM ACAT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
huo smo	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	H OPERATIO	N WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
ental Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
rkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is ma			atal) ottened the deceosed from		nd that in my (aur) opinion of	death accurred an the date and have	19, that (1) we) last and from the couses stated
ote Dept. IT: If Item		22b. SIGNATURE Dolors m	· Pundo 4	٨	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
with the Sto		224 PHYSICIAN'S NAME (TYPE	ORPRINT) 4. PURNECL, A	40	22e. ADDRESS COLU		_ 00
3 ₹	230	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 23c		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN DUBONS	COUNTY PA

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	A SE SPECIFICAL		SM alchul	Ta 214 144.1	WH VIII

1	1-	STATE REGISTRAR			DEPAR		ICATE OF DEATH	GIENE GEG. N	0.		
3		CEASED NAME	FIRST	t Henry	Cugle	L	AST	January 4	_	YEAR	2b. HOUR
)	1 SE	Male		4 RACE White		5. DATE C	7, 1910 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
35	1000	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	7? 8. MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	RCOUNTYOF	DEATH	M
00	1	ty or town of di Hanover		16480	Anderso:	n Ave	DR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired		2b. KIND OF NDUSTRY B.N	F BUSINESS OF
35	Ma	AL RESIDENCE (IF NU STATE Aryland	13b COUI HOW	OTHER INSTITUTION	13 CITY OR TO	DRE ADMISSION)	13d. INSIDE CITY LIMITS?	13.6480 Ande	rson Ave	e., Ha	anover
30		ther's NAME Late Frank	Cugl	MIDDLE	LAST		15. MOTHER'S MAIDEN NA Late Mol	lie Moore		LAST	
Miccian		VAS DECEASED EVE YES NOOR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	215 07		17. INFORMANT Mrs Mary Ann	a Cugle 648		on Ave	2107 enue
y, or differ trouble even.		RART 2. OTHER SIZE	y, which namediate ing the	DUE TO, O (b) DUE TO, O (c)	IR AS A CONSEO	UENCE OF	NOT RELATED TO THE TERM		DITION GIVEN II	34	MATÉ INTERVAL INSET AND DEATH
dia di	CERTIFICATION	190. DATE OF OPER.					NOT RELATED TO THE TERM DEBILL TY N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING YES	ERE FINDING	GS USED
9	DICAL CER	21a. ACCIDENT WAS UPOR CONTRIBUTING (IF EITHER NOTIFY MEI 21d INJURY OCCU	CAUSE OF DE	HOUR A.	OF INJURY M. MONTH I M. OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART]	OR PART 2)	
	MEI		VHILE		REET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
ite Depti. of rieotii T: If Item 21 is ma		220. I certify that (saw the decea above, (I) (we) 22b. SIGNATURE	-		0 1/	Sv . or	nd that in (my) (succeptinion DEGREE ATTENDING PHYSICIAN E	death accurred on the discourse of the d	·F	d from the co	
		22d. PHYSICIAN'S N	1,B	5. 51	2 Her		5216 Lynn	gake Rd	. Colu	uleto 1044	. wol
2 14	I	BURIAL, CREMATION	I, REMOVAL			NAME OF C		23d. LOCATION CITY OF TOWN LILCheste	r, Howai	rd, Me	ryland
31		NERAL DIRECTOR	zko h	112 0011	unhi e ADEPTI	Filio	25a. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATI	erthan

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	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 CERTIFICATE OF DEATH REG. NO.	2000
		CEASED NAME FIRST OR PRINT) RAther	4 RACE S. DATE OF BIRTH (18 AGE (IN YEARS LAST BIRTINDAY) IFU	YEAR 2b. HOUR 1:2 6 M INDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
122 22	C	PEMALE RTHPLACE (STATE OF FOREIGN GUNTRY) A.	White April 4 1907 74 YRS 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED HOWARD	
by the filed v	E	IN OR TOWN OF DEATH IN COTT CITY LE RESIDENCE (IF NURSING HOME OF		12b KIND OF BUSINESS OR INDUSTRY
Fille hould	30 S	THER'S NAME	ITY 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS PRO WITTON 15. MOTHER'S MAIDEN NAME	1 Ave
omple omple ond		Charles (AS DECEASED EVER IN U.S. AR ES NO ORUNKNOWN) (IF YES, GIV	MED FORCES? NAR OR DATES WAR OR DATES) WAR OR DATES) WAR OR DATES)	MORAN .
physician of banpapers. Per remaval.		PART I. DEATH WAS CAUSE	y one couse per line for (a), (b), and (c) BY: E CAUSE (a) Pred Vorsey Ellicott Cit 1977, 1981 x 3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4+ WJ
by the ottendir ase remave corl J, crematian, or ather troumati		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
t Then ple or to burio y injury, or	NOI	PART 2. OTHER SIGNIFICANT	onditions contributing to death but not related to the terminal disease or condition given while pulse arrest 1981	IN PART Ita
sit permit giene prio shows ony	CERTIFICATION	19a DATE OF OPERATION	YES NO NO YES	
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		I OR PART 2)
After this is as the burd Minarked or	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
for us of He 21 is		saw the deceased alive an above, (f) (we+(d-d)) (did no 22b. SIGNATURE	19 81 and that in (my) (port) opinion death accurred on the date and hour or	
DIREC tached Dept.		Dru	ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL STAFF PHYSICIAN MIRECTOR PHYSICIAN	Tour las 1982
should be det with the State MPORTANT:	ŀ	22d. PHYSICIAN'S NAME LITYPE O		11-01-16/11/5

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Harry W. Haight

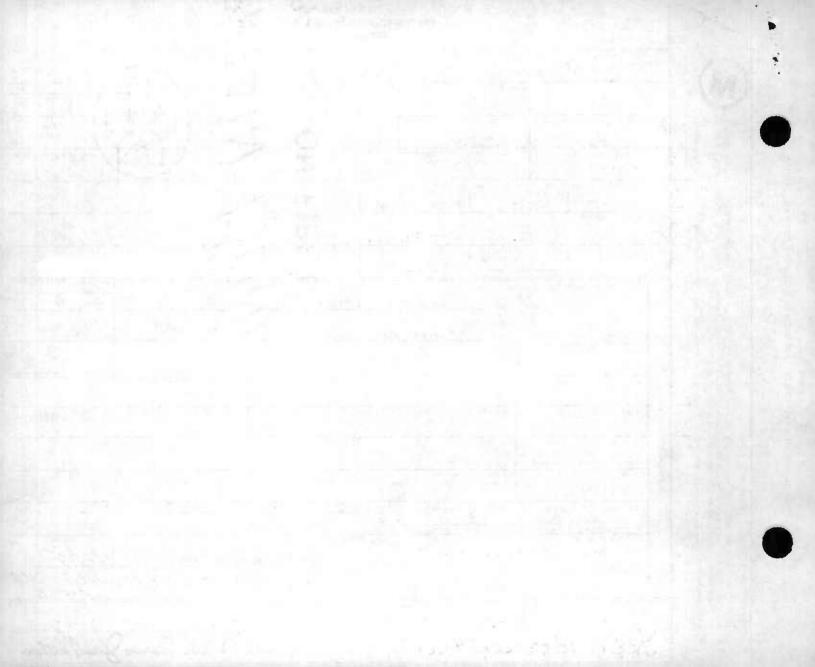
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15		FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE B 2	0 2 0 0)
(4)		DECEASED NAME FIRST PLANT PRINT)		Down	i.	2a. DATE OF DEATH	MONTH DAY YEAR 26.	HOUR 7.43
(M)	3.	Male Male	4 RACE Whi	te Sept		6. AGE JIN YEARS LAST BIRTI	HDAY) IF UNDER LYEAR IF U	UNDER 24 HRS
eoth. Per n 72 hours.	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	M
s ofter d	10	CITY OR TOWN OF DEATH Columbia	11. NAME OF	HOSPITAL, NURSING HOME C CHFACILITY, GIVE STREET ADDRESS) 1 County General		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF COntracto	F WORKING LIFE) INDUSTRY	
24 hour filled in outd be f	13				13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Downing La		
mpletely ond 2 sh	1	FATHER'S NAME FIRST	MIDDLE A •	Downin, Sr.	15. MOTHER'S MAIDEN N FIRST Nellie		McDougal	
n and co	16	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	. ARMED FORCES? . GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 217-16-0686	Glenna D. T	ingle, Port	ss Deposit, Maryl	and
quires that the death certifications is gared by the attending plant then please remove corbong to burial, cremation, or remainiury, or other traumatic ever	2	Canditions, if ony, which gave rise to immediate cause ia stating the underlying cause last	DUE TO, O	PRAS A CONSEQUENCE OF ACUTE MYCHAEL OF ONTRIBUTING TO DEATH BUT	An rest		Just ele	
on to how re hos been permit 1 ene prior ows ony ii	MOLADISIDA	19a DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D YES N	
G PHYSICIAN, T offending physicial certificate is the buriol-tronsic and Mentol Hygi wed or term 18 sh	and in Clare	OR CONTRIBUTION CAUSE O	F DEATH HOUR A INER) P		211. LOCATION STREET	RRED (ENTER NATURE OF INJUR		STATE
AL OR ATTENDIN the hospital or AL DIRECTOR: Afgetoched for use o astoched, of Health TI: If them 21 is mon		22a. It certify that (I) (this h sow the deceosed alive above, (I) (we) (did) (di 22b. SIGNATORE		ofter death.	DEGREE ATTENDING	n death occurred on the do	19 that the couse one one has been and hour and from the couse one one one one one one one one one on	
CO HOSPITAL etoined by the TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (T	YPE OR PRINT) LEV	we mo	122. ADDDECC		Ellicon City	y Ma
PP	23	BURIAL, CREMATION, REMO (SPECIFY) Burial		23c. NAME OF C	emetery or crematory	23d LOCATION CITY OR TOWN Colora	Cecil Mary	state land
DHMH - 16 50M 1/76 (VR A 15 (4))	24 T	NUMERAL DIRECTOR ALL	terson	2 4 SOL DO M	arvland 250.D	ANT 1 1982	ASACES LEN A	when



6	1.	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL HY HEALTH AND MENTAL HY HICATE OF DEATH		02002
4 may be ov, page 3 offer death		CEASED NAME FIRST OR PRINT)	A/ MO	SArah E OF BIRTH	REG. NO. 20 DATE OF DEATH 6. AGE (IN YEARS LAST BIRTI	MONTH DAY YEAR 76 HOUR S C C C C C C C C C C C C C C C C C C
offer death. Page ed within 72 bours outified of the ed.	HA	RTHPLACE (STATE OR FOREIGN DUNITRY)	76 CITIZEN OF WHAT COUNTRY? 8.	N . /	9. BALTIMORE CITY O	F WORKING LIFE) INDUSTRY
tYLAND 2120 uthin 24 hours nely filled in b 2 should be fill	N	TATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF THE STATE OF TOWN SURPLY OF THE STATE OF	13d INSIDE CITY LIMITS?		dlerock Way
be execut an and co	16a V	VAS DECEASED EVER IN U.S. AI VES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? (E WAR OR DATES) 16b. SOCIAL SECURITY NO 184 22 0521 Inly one cause per line for (a), (b), and (c)		STRWART TI	
201 W. PRESTON ST., res that the death certific need by the attending phy please remove carban provinal, cremation, or rema	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Profits Consequence of (c) CONDITIONS CONTRIBUTING TO DEATH B	Lest Acculend	MINAL DISEASE OR CONI	11/2 wks
VITAL RECO	AL CERTIFICATION	190 DATE OF OPERATION LA 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEA	R 21c HOW INJURY OCCUP	280 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
E	MEDICAL	, ,	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	19 FC, that (I) (we) last
HOSPITAL OR A lined by the hos FUNERAL DIRECTUDE beforehed in the Store Dept.		saw the decessed alive a obove, (I) (we) (did) (did n) 72b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE:	ot) view, the bady after death.	DEGREE ATTENDING PHYSICIAN 1220. ADDRESS GPG0. A MIXA.	MEDICAL STAI	
ВР	1	BURIAL CREMATION, REMOVA	11 00000 11	F CEMETERY OR CREMATORY WRIDGE CEN 1250 DA	23d. LOCATION CITY OR TOWN Waterle	COUNTY STATE
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FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

female

Maryland

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3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH	REG. NO.		
LAST	20 DATE OF DEATH MONTH	AY YEAR	26 HOUR
Emerick	Jan. 21 .	1982	м
5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Nov. 13, 1927	54 YRS	ONTHS DAYS	HOURS MIN.
TRY? 8 MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
WIDOWED DIVORCED	Howard County		MD.
DRSING HOME OR OTHER INSTITUTION STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		F BUSINESS OR

housewife

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Ellicott City Oaks Road USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY

Howard

4. RACE

E.

76. CITIZEN OF WHAT COUN

NAME OF HOSPITAL NI

U.S.A.

white

13d INSIDE CITY LIMITS? 13e STREET ADDRESS Ellicott City

3143 Oaks Road 15 MOTHER'S MAIDEN NAME

4 FATHER'S NAME MIDDLE Claude

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Lola

BIRTHPLACE (STATE OR FOREIGN

Maryland

10 CITY OR TOWN OF DEATH

Ridings 166 SOCIAL SECURITY NO 220 18 9290

LAST

Lola 17 INFORMANT

3143 Caks Road Emerick Ellicott City. Md. 21043

Richardson

home

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	brent	200 AUTOPSY? YES NO P	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
216 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR 10V	wn COUNTY	STATE

NOT WHILE 220 I certify that (I) (this haspital) attended, the deceased from,

sow the deceased alive on	, and that in (my) (our) opinion death occurred on the date and h	our and from the causes stated
22b. SIGNATUR	DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED

22e. ADDRESS

AN'S NAME ITYPE OR PO

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

ME NAME OF CEMETERY OR CREMATORY

23d LOCATION Crestlawn Mem. GardensMarriottsville. Howard Maryland

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

CERTIFICATION

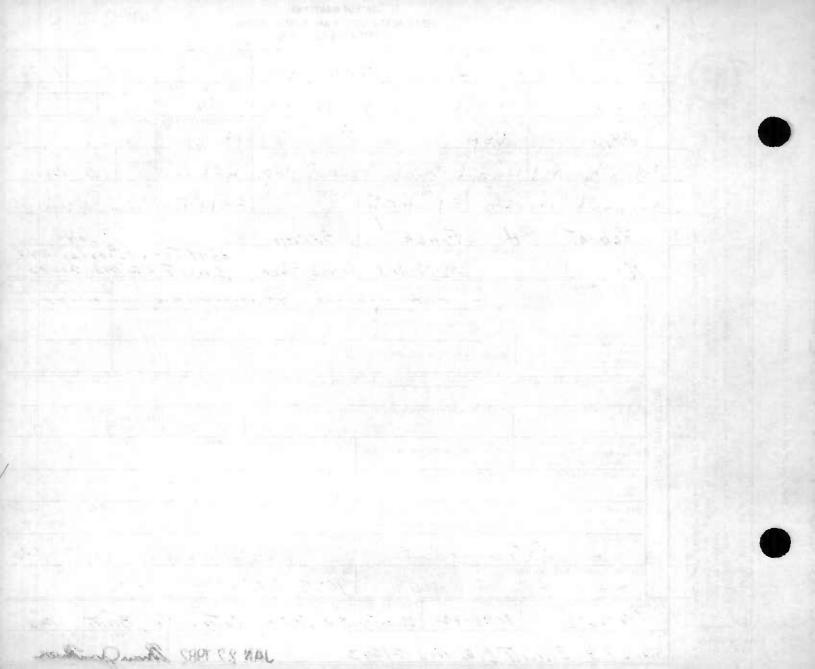
MEDICAL

SLACK Funeral Home, Ellicott City, Md. 21043

1/23/82

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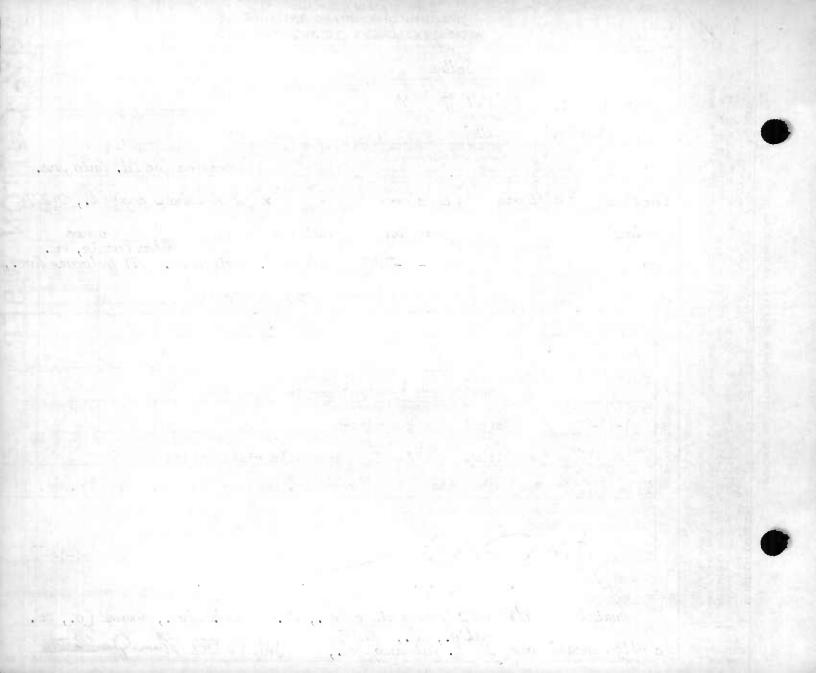
(VR A 15 (4))



	L	Item 6 G 563 1/28/82 GAB STATE OF MARYLAND	003
	1	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1/10	DECEASED NAME FIRST William MIDDLE Edward LAST FORG, ST . 128 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
noy be poge 3	1 "	(TYPE OR PRINT) WILLIAM Edward FORd, SR. JAN. 4.19	82750 PM
4 moy	3.	3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDF	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN
	1	111 ALE White Dec. 17, 1926 556 YRS	AZU
e A de le	35 10	To BIRTHPLACE ISTATE ORFOREIGN TO COUNTRY! TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DE WIDOWED DIVORCED HOW ARD	MD.
the tod with d with d	10	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b	KIND OF BUSINESS OR
_ + + p =	81	COLUMBIA HOWARD COUNTY Ben, HOSP. Doorman & Sec.	TheAtre
BALTIMORE, MARYLAND 2120) cote be executed within 24 hours is ysicion and completely filled in by opers. Pages 1 and 2 should be fille it, the medical examiner must be rea		USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTRUCTION). GIVE RESIDENCE BEFOREADMISSION) 130. STATE 134. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS. 136. STREET ADDRESS. 136. STREET ADDRESS. 136. STREET ADDRESS. 137. PRESERVED.	K Ave.
within within		4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	TALE O LA 1844 IA
uted will a lond it on a second		Howard Bennett Ford Virginia U I 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (Wife) ADDRESS ADDRESS	NKNOWN
TIMORE, on ond con ond	2	(YES, NO OR UNKNOWN) (IF YES, GIVE WAP OR DATES) 214-20-4629 Mrs. Amelia G. Ford Same	e as # 13
		PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
N ST h certi ding p orbon or ren		DUE TO, OR ASHA CONSEQUENCE OF	
RESTON depth ce offerdin		Conditions, if ony, which (ib) Part all at I full	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The low requires that the death certif other daing physician. The this certificate has been signed by the attending plant the wholetronsit permit. Then please remove corbon, the Mannel Hygiene prior to buried, cremation, or removed or them 18 shows, any injury, or other troumotic every		gove rise to immediate couse (a), stating the underlying cause last	
RDS, 201 equires the signed Then ples to burio niury, or	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	'ART 1(o)
L RECOR			FINDINGS USED CAUSES OF DEATH?
TALRE TALRE The lo icion. Ite hos nsit per rgene p	+ 5	YES NO YES TO THE OF INJURY 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR	NO 🗆
N OF VITAL SICIAN: Th ing physicio certificate to wriel-tronsit tentol Hygie tem 18 sho		OB CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	PART 2]
DIVISION DING PHYS or ottendin After the bis of as the bis of the	/ 6	OF CONTRIBUTION CONTRIBUTION COUNTRY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK INDUSTRIES NOT WHILE AT WORK INDUSTRIES AT WORK INDU	INTY STATE
3 0 0 0 0		27a Leastify that (1) (this haspital) attended the deceased from 1/4 19.87 to 1/4 19.87	that (I) (we) lost
Sprite CTO I for a fer a		sow the deceased alive an Not Seen alive, and that in (my) (our) opinion death occurred on the date and hour and frobove, (1) (we) (did) (did not) view the body after death,	om the couses stated
OR ATTEN he hospitol DIRECTOR: coched for us Dept. of He		ATTENDING MEDICAL STAFF	C. DATE SIGNED
		PHYSICIAN DIRECTOR PHYSICIAN DIR	14/80
O HOSPITAL efoined by the TO FUNERAL with the Shorle March the Store MARCH TO FUNERAL!	1		40
TO HOSE retoined TO FUNI should b with the WITM	22	GERALD JOBA SCACLOW HOWARD COUNTY GENERAL HAS	ep. lil
200/BP	23	Burial 7'Jan. 82 Zion Cemetery Elkridge, How	
DHMH - 16 50M 1/76	24	24 FUNERAL DIRECTOR BY A GLARAGE ADDRESS GIEN BURNIE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 250	SIGNATURE V - BROWN
(VR A 15 (4))		Singleton Funeral Home MD. 7982 Congress	FRAN MANAGER

The state of the s THE CASSELL HILLENT ... SEE ALL

8/1	tems #18a-2 FOR STATE REGISTRAR	za Film	D	EPARTM	CO STATENT OF H	EALTH	AND M	ENTAL H		All Division	PEC	0	2	1.3	0	6
	DECEASED NAME	FIRST NORMA		MIDDLE			V I GAN			2a DATE OF	KNOWN ESTI-	4 X W	ONTH 1	DAY	YEAR	2b. HOU
3. 5	female 4. RAG	CE 5	DATE OF BIRTH	- 1	AGE (IN YEAR	IF UN	DER 1 YR.	IF UNDER	24 HRS.	2c. DAT	E INCED		I ONTH	DAY	982 YEAR	24. HOU 12:2
>	BIRTHPLACE (STATE OR	yland	CITIZEN OF WHA	AT COUNTR		1		VER MARRI			MORE CI	10				<u> </u>
311	COLUMBIA	ATH II	I. NAME OF HOSP (IF NOT IN SUCH FACE HOWARD CO	LITY, GIVE STRE	eral	OR OTHE	R INSTITU		12a. USU	Penati	JPATION ORKING LIFE	{TYPE OF \	WORK	ORI	D OF BU	ťΥ
	SUAL RESIDENCE (IF IN N 1. STATE Maryland	ursing Home or o 136 COUNTY Baltin	THER INSTITUTION, GIVE	13c. CITY O	FORE ADMISSION	٧)	13d INSIDE CI	NO DE	13e STR	EET ADDR	ake L	B roc	ok (· L.,	212	227
30	Roland		AIDDLE		kins		Kath		N NAME		MIDDLE			oyne		
2	(YES, NO, OR UNKNOWN) 18 CAUSE OF DEA	(IF YES, GIVE WAR	R OR DATES)	217-	34-744	17	Robe	ent V.	Gav	rigan	Sr.	61:	Buru 1 De	rie, elau	Md. vare	Ave.
STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, D. (2) 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. (2) 1201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if gave rise to cause (a) statin lying cause last	immediate g the <u>under</u> -		IT NOT RELATED	TO THE TERMIN	AL OISEASE										
	190. DATE OF OPER		Obesi	ON FOR WH	HICH OPERA	TION WA	S PERFOR		inct	lon					JTOPSY?	
3	CONTRIBUTING	OR CAUSE OF DEA		MONTH D	AY YEAR 3/ 1982	The	winjury	occurred				M 18 PART	ORPAR		s 🙀	но 🗌
4		WHILE NORK	210 PLACE OF STREET, FACTO NOS	PINJURY ((AT HOME,	Hores		o. Ger	neral	LHOS	pita	l Co	lum	bia,	, Md	STATE
BALITIMORE, MARYLAND, 2			f the remains descr	ribed abave, Accident		Autops	Hamic TITLE (SI		Undete	Inquiry	nanner [my api	1	-14-	-82
7	EXAMINER'S NAME (TYPE OR PRINT)	Ann	M. Dixon	, M.D			DDRESS	111								
	BURIAL, CREMATION,		DATE 1/18/1982		me of cemi			Pk.	23d. LO	SE BA	lvd.,	Hou	coun	7 (0	. , sy	ä.
24	HOWERAL DIRECTOR		me 237 8		d., 2 tapsco			250. DATE R	1 1 9			EGISTR	AR'S SI	GNĀJU	RE	1



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health and Mental Hygiene priar to burial, cremation, ar removal.

BP.

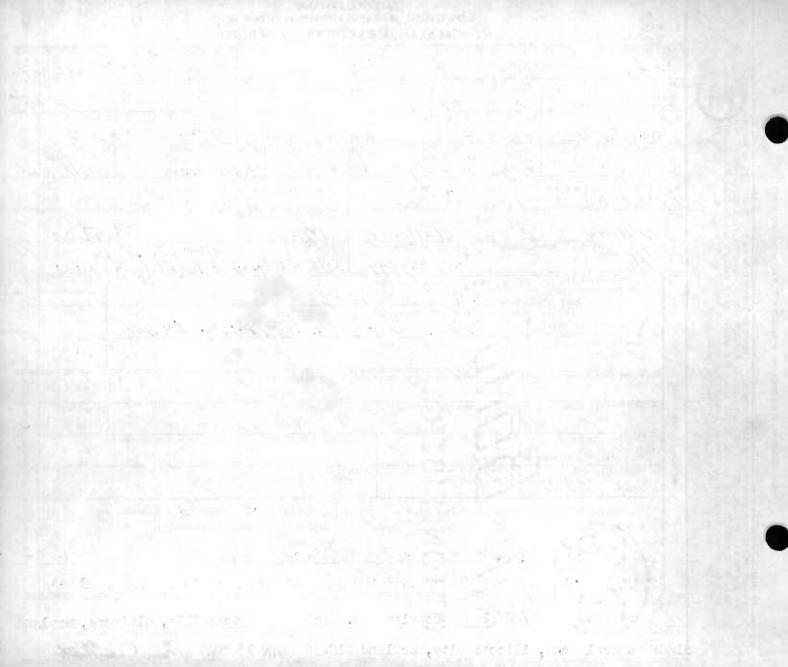
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r. page 3 Iter death

1	1	FOR STATE			DEPART		E OF MARYLAND EALTH AND MENTA	L HYGIEN	8 2	0	2 0	0 /
6		REGISTRAR				CERTIF	ICATE OF DEATH		REG. I	٧٥.		
Y		CEASED NAME	FIRST	FREE	MIDDLE	l	AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
			Doroth	y B	utler	Green	field		Jan.	26. 19	82	DION AM
	3 SE	Х	141	4 RACE		5. DATE C			AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
		female		white		June	26,1926	LR.	55	YRS	MONIHS DAYS	HOURS MIN
12	7a. BI	IRTHPLACE (STATE O	IR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED		BALTIMORE CITY Howard C	OR COUNTY	OF DEATH	MD.
O Chiffee		ITY OR TOWN OF DI		10949	Rock Coas	at Roa	OR OTHER INSTITUTION		USUAL OCCUPA YPE OF WORK FOR MOST housewif	TION OF WORKING LIF		OF BUSINESS OR
The state of the s	Ma:	AL RESIDENCE (F NU STATE ryland	13b. COUN Howa	OTHER INSTITUTION ITY	GIVE RESIDENCE SEFOR	RE ADMISSION) VN 3.	13d. INSIDE CITY LIMI	ITS? I3e	STREET ADDRESS	k Coas	t Road	
30	14. FA	Harold		MIDDLE B.	But]	ler	15. MOTHER'S MAIDE FIRST Marie		WIDDLE		macher	.st
dicol		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		109490	Rock C	oast Ro	oad
Ë		no			403 28 5	5985	Ralph Gree	nfiel				
ws any injury, ar other trauma	CERTIFICATION	Conditions, if an gove rise to it cause (a), statunderlying cau PART 2 OTHER SIG	mmediate ting the se last GNIFICANT C	DUE TO, OF		ENCE OF	NOT RELATED TO THE		20a AUTOPSY?	20b. IF YES IN CERTIFY	, WERE FINDIN	NGS USED 5 OF DEATH?
150	CERT	21a. ACCIDENT WAS U	NDERLYING [21b. TIME O			21c. HOW INJURY OF		YES NO L		ART I OR PART 2)	NO 🗌
E		OR CONTRIBUTING		1171	M. MONTH D.	AY YEAR						
rked or fte	MEDICAL	21d. INJURY OCCU		21e PLACE			211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
n 21 is ma		sow the deced abave (1) (we)	this hospit sed alive on (did) (did na	tal) offeded the	e deceased from_ MCA 19 S after death.	51_, an	id that in (aur) ap		to			that (i) (we) last
T: If he		226. SIGNATURE	olone	7. 8	un No O A	40	DEGREE ATTENDII PHYSICI	ING ID D	MEDICAL STA	AFF CIAN []	22c. DATE	JAN 81
MPORTANT		22d. PHYSICIAN'S N	NAME (TYPE OF		PURNELL	ND	22e. ADDRESS CC		BIA PRO	FESS!		BLOG-
≧		BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMAT		23d. LOCATION			
		cremation		1/27/8	32 We	stvie	w Mem. Parl	k	Catonsvi	lle Ra	COUNTY	STATE STATE
		JNERAL DIRECTOR					25	DATE RE	C'D. BY REGISTRAI	R 25h BUSISTI	RADSTIGNAL	runt.
	SLA	ACK Funera	al Home	e,Ellico	ott City,	Maryl	and 21043	JAN	27 1982	Man	A gam	

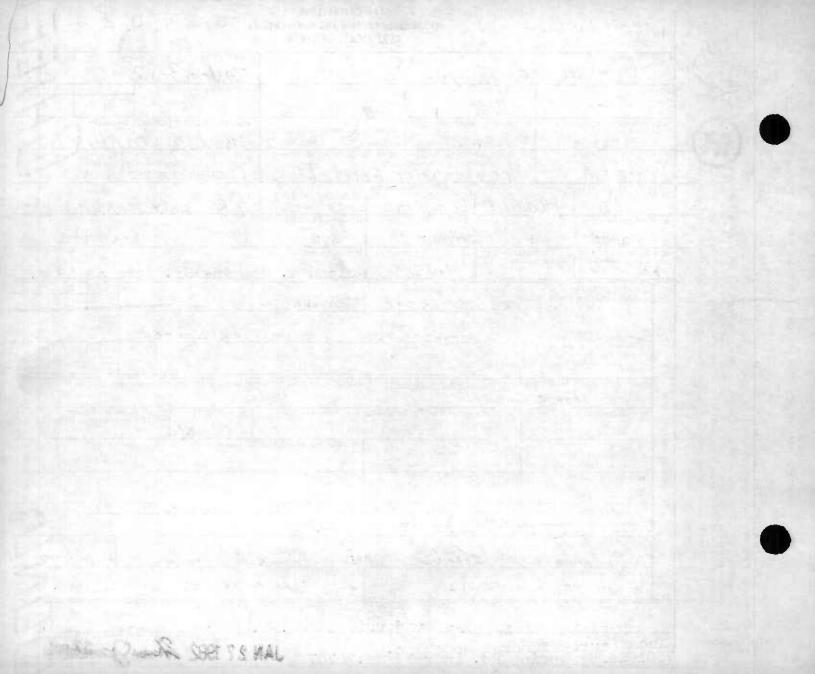
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STATE OF THE STATE ALLE		4411-1-9		
PROLE ON FIRM				
Smiles, .o.tic ef. Venca				
AX X XX	e syris in	100	1 Home, 114	Total district

18	FOR	STATE OF MARYLAND	0 0 0 0
5 1.	STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEG NO	2000
1. D	REGISTRAR ECEASED NAME FIRST	KEO. 140.	
	(PE OR PRINE)	NER HALLMAN 20. DATE KNOWN MONIOF ESTI- DEATH MATED /-	H DAY YEAR 26. HOUR
3. 5		C CAYS OF COMM.	1982 6PN
	MALE CALL	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 1	71. HOUR
70.	SIRTHPLACE (STATE OR	76 CITIZEN OF WHAT COUNTRY?	190 M
44	MAShington, D.C	MARRIED NEVER MARRIED Howard	Bree A
10.	TTY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WOR	K 12b. KIND OF BUSINESS OR INDUSTRY
1	DIUMBIA	FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE) FOR MOST OF WORKING LIFE)	OR INDUSTRY
USU	AL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)) E 11 1-1911
5/2	100 1	136 STREET ADDRESS PLUARD COUMBIA YES NO 1896 SUNSET DR	
14.	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	
2	William	E HAllman MAY	BUTT-FR
16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT/ 8394 DDRESS VE WAR OR DATES)	Day
	No	217-32-1049 BETTY HALLMAN Ellice Telling	nd 21043
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (0) GIT CIAC CITYS	
	Conditions, If any, which	DUE TO, OR AS A CONSEQUENCE OF	
	gove rise to immedia couse (o) stoting the unde	te) (b) / TH TUD TOLYTON CUI 410 VAD CULAR 4757050	
	lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITION	(c)	
NO		The reality of the reality of the condition differ in Part 1 (0).	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
I E			YES NO NO
7 8	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	
1 3	UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH P.M. 19	
MEDICAL	21d. INJURY OCCURRED	21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21 f. LOCATION STREET CITY OR TOWN	COUNTY STATE
-	WHILE DOT WHILE AT WORK		J. J
	22a. I certify that I took cho	rge of the remains described above, held on Autopsy 🔲, Inspection 🔀 Inquiry 🔀 and in my	opinion
	deoth resulted from: Nat	ural causes Accident , Suicide , Homicide , Undetermined manner ,	
	ACTUAL OL	TITLE (SPECIFY)	1000
	SIGNATURE UN	M.D. DEPUTY MEDICAL EXAMINER SIGN	
-	EXAMINER'S NAME The	may F. Herbert, MD ADDRESS Lillicott Com, Ma	2042
23a.	SURIAL, CREMATION, REMOVAL	CITY OR YOUAL	DUNTY STATE
	cremate	1/22/82 Westview Mem. Park Catonsville, Balti	
24.	UNERAL DIRECTOR	17% DATE PECIDAD 17% DECISTRADO	SIGNATURE
\$14	CK Funeral Hom	e, Ellicott City, Maryland 21043 JAN 25 1982	Jan Martha



/0	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	10	2009
_		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(BA)	(11)	BEATRICE	AMY	HAMILTON	JAN.	30 1982 9 PM
(IAI)	3 SE		4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
5		F	w	3 26 191	1 0	MONTHS DAYS HOURS MIN
2 P 2 P 2		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
i de	/	N.Y.	U.S.A	. WIDOWED DIVORCED	- HOWARD	COUNTY MD.
l II be	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS)	N 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR LIFE) INDUSTRY
201		OLUMBIA		DER HILL RO.	HOUSEWIFE	HOME
D 21		STATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO			
LAN in 2, should should	9		WARD COLUM		0 11 1 1 1 1	DER HILL RO
with with alletel of 2 s	14.1	ATHER'S NAME FIRST	MIDDLE	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
E, M.	4/	ARTHUR	- Rou		ADDRESS	LANSOALE
opes edico		YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC		5410	THUNDER HILL RO
BALTIMO cote be ex		NO		5708 ALAN M	HAMILTONI COL	umbin mo
, BA ficate ficate pape laval		PART I. DEATH WAS CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L ST central	1	1711 MIMMEDIA	TE CAUSE (0) LIVER	FAILURE		2 WEEKS
ESTOr death attend ave co fron, a		Conditions, if any, which	DUE TO, OR AS A CONSECU	ATIC DODAS	T CANCER	J'/ YEARS
PRE de de matro		gove rise to immediate couse (a), stating the			CHNCERC	The relies
that the sase rease real, creare rothe	1 8	underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
gned pleasuring y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
RDS required the requirements of the requireme	ON ON					
RECORD low requires been significant to be prior to	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH?
The series	E E				YES NO	YES NO
> Z > 0 0 T 8	9	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
0 0 20 20 20	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)) P.M.	19		
DIVISION NG PHYSI of the this ce os the buri th and Mer	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF PARTER IN After It is as the although marked		AT WORK — AT WORK —	1	JULY 10 (1980 " PRESENT	
o OR.		sow the deceased alive on	ital) attended the deceased from		pinion death accurred on the date and he	., 19, that (1) we) last
RECT ed for pt. or		obove (1) (we) (did (did no 22b SIGNATURE	or view the body after death.	DEGREE		22c. DATE SIGNED
the L Dig		Val. m.	Par DO MAN	ATTENDA	NG MEDICAL STAFF	3. Tau 91
PITA by ERA Shot de de		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT)	22e ADDRESS	AN DIRECTOR PHYSICIAN	13/ 01/10 82
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I mmPORTANT; if		DOLDRES M	, DURNELL, M	O COLUMB	HA PROF. BLOG	COLJUNIA MA
Sho sho	23a.	SURIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMAT	ORY 123d LOCATION	
BP	(SPECIFY) REMATION!		ESTUIEN MEM	BALTIMORE O	COUNTY STATE
DHMH - 16 60M 1/75		UNERAL DIRECTOR		250	a. DATE REC'D. BY REGISTRAR 25b. REGI	STRADIC SIGNATURE
(VR A 15 (4))	Jo	SERH LEE CAL	NBY 12590 INC	PIAN HILL OF	FEB 1 1982 7000	cas feel lathers.

CONTROL OF CAMPART OF STREET and the Call of the second of the second of the second of the second of



2	X	1.	FOR STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	SIENE 8 2	0 2 0	1 0
oge 3			CEASED NAME FIRST OR PRINT) Helen	WIDDLE		Head		1-26 82	26 HOUR 9 A M
po Terro		3. SE	F	4 RACE	5. DATE	OF BIRTH 6 1902	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	13	O	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARR		9. BALTIMORE CITY OR HOWA	rd	MD.
by the	00	C	olumbia	9506 Angel 1	na Circl	e	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Bookeeper	WORKING LIFE) INDUSTRY	OF BUSINESS OR
o 24 ho filled in hould be	135	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	NOTHER INSTITUTION, GIVE RESIDER INTY Ward Colu	OR TOWN mbla	YES NO _	9506 Angeli	na Circle	
omplete)	130		Charles	Wyl:		15. MOTHER'S MAIDEN NA Elizabeth	MIDDLE	George	
or meco	l medico		VAS DECEASED EVER IN U.S. A YES NO ORUNKNOWN) (IF YES, G	W.F	AL SECURITY NO.		1 9506 Angel		
equires that the death certification is signed by the attending phys. Then please remove cortemned to buriol, cremation, or ramper	njury, or other troumotic event	NO	Conditions, if only, which gove rise to immediate cause io), stating the underlying cause lost.	DUE TO, OR AS A CO	ENSEQUENCE OF	UT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDI	8	IMATE INTERVAL ONSEL AND DEATH YZO,
The low re cion. te hos been isit permit. I grene prior	9 que son	CERTIFICATION	19a. DATE OF OPERATION		WHICH OPERATE	ON WAS PERFORMED	YES NO	20b. IF YES, WERE FINDII IN CERTIFYING CAUSES YES	NGS USED S OF DEATH? NO
L OR ATTENDING PHYSICIAN: the hospitol or ottending physical L DIRECTOR: After this certifical toched for use as the burial-tran	MPORTANT: If Item 21 is morked or Item 18 s	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (Ihis has, sow the deceased alive o above, (I) (wesheld) did in 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY TO DESCRIPTION OF THE PROPERTY OF THE PROP	Y, OFFICE, FARM, ETC.)	211 LOCATION STREET and that in (my) (and) opinion DEGREE ATTENDING	city or town	e and hour ond from the	
retoi shou	¥ —		BURIAL, CREMATION, REMOVA	1 - 29 - 82	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION Aramore	Cafter	Oklamom

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Harry Witzke 4112 Columbia Rd, Ellicott City Md

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF	HEALTH AND	MENTAL HYG	IENE 8 2	0	2 0	1 2
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poge 3	111	ELM	A Filma	JA	2BOE	Jarboe		1	15 8.2	3:040
b d	3. S		4 RACE		OF BIRTH		6 AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR	IF UNDER 24 HR
ector irs of		F	W	MON	H DAY	YEAR 17	64	YRS.	MONTHS DAYS	HOURS MIN
bol dir	7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRI	D NEVER	MARRIED [9 BALTIMORE CITY O			
E B		Oklahoma	U.S.A.	WIDOW	EDX) D	NORCED	HOWARD			N
notified wit	1	COLUMBIA	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST HOWARD CO.	REET ADDRESS)		STITUTION	Owner re	on Fworking Li staur	IFE) INDUSTRY	F BUSINESS OF
must be		STATE 13b COL	(AA)		13d INSIDE O	CITY LIMITS?	134 STREET ADDRESS 6264 Dusty	Glas	ss Court	H 44
183	14 1	ather's NAME				s maiden na			LAS	т
licol	l 6a	WAS DECEASED EVER IN U.S. A			17 INFORM	ANT	ADDRE	SS		21044
medico	L	(YES, NO OR UNKNOWN) (IF YES, G.	500 10	3723	Mr Je	rry Jar	boe 6264 D	usty	Glass C	
or, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b)	ond (c)			6-		BETWEEN	MATE INTERVAL ONSET AND DEATH
ever	1		ATE CAUSE (o)	espue	they	arre	st		hun	uten
o, or notic		2396	DUE TO, OR AS A CONSE	OUENCE OF	-					1
roun		Conditions, if any, which gove rise to immediate	(b) Co	ma					3	s days
ol, crem		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSE	6 1	imal				3	mos.
Then ple to burie njury, o	NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED	D TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 140) '
prior ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFO	ORMED	20a. AUTOPSY?		ES, WERE FINDIN	
lows iene	E	une					YES NO NO		ES [NO [
entol Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2)	7 1
rked or It	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	21f LOCATI STREET	ION	CITY OR TOW	/N	COUNTY	STATE
e olth		22a. certify that (1) (this has	pital) attended the deceased fro	m	15	19 82	, to/	115	, 19 22	tho (i) (we) los
for of H 21 i		sow the deceased alive a	on here 11	9	nd that in my	(our) opinion	death occurred on the do	ate and ho	our and from the	couses stoted
hed hem		22b. SIGNATURE	(A)		DEGREE	201			22c. DATE	SIGNED
ote D		Bu	ue Case	ulies	MO	ATTENDING PHYSICIAN	MEDICAL STAF		1/15	782
with the Stote		22d. PHYSICIAN'S NAME (TYPE		BERG	22e. ADDRE	SS				
Shoul With OMPO	23a.	BURIAL, CREMATION, REMOVA		3c NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	Jan 18, 1982	Cres	tlzwn			loward		
M 1/76	24.	FUNERAL DIRECTOR				25e. DAT	E REC'D BY REGISTRAR			PRITIE
1))		Jarry H Witzke	4112 Columbai B	HIER B	cott. Ci	ty JA	N 19 1902	since	200	

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AUTS STORY REALTY TO BE ALL HU	20 a serient grant sk 2015		

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

5. DATE OF BIRTH

MONTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12a. USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

G.

CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH YEAR 2b. HOUR 0 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR DAYS HOUK5 02 BALTIMORE CITY OR COUNTY OF DEATH

10 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Nursing Home

15 MOTHER'S MAIDEN NAME

FIRS1

Mary

17 INFORMANT

Claims 13d. INSIDE CITY LIMITS? 13e. STREET/ADDRESS NO

MIDDLE

ADDRESS

GSA

(unknown)

INDUSTRY

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

US Govt.

Antonina S. Kinsella-wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c)

> OR AS ATCONSEQUENCE OF + herosclerosis

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MIDDLE

4 RACE

136 COUNTY

MIDDLE

J.

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)

01

last

LAST

Kinsella

166 SOCIAL SECURITY NO

PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

19

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21f. LOCATION

CITY OR TOWN

MEDICAL

YES

20a AUTOPSY?

NOF

COUNTY

YES [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

22c. DAJE SIGNED

230. BURIAL, CREMATION, REMOVAL 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Gate of Heaven

DEGREE

22e ADDRESS

23d. LOCATION CITY OR TOWN

Silver Spring, Montgomery

1-25-1982

Mines/Rinaldi Funeral Homes 11800 N.H. Silver Spr.,

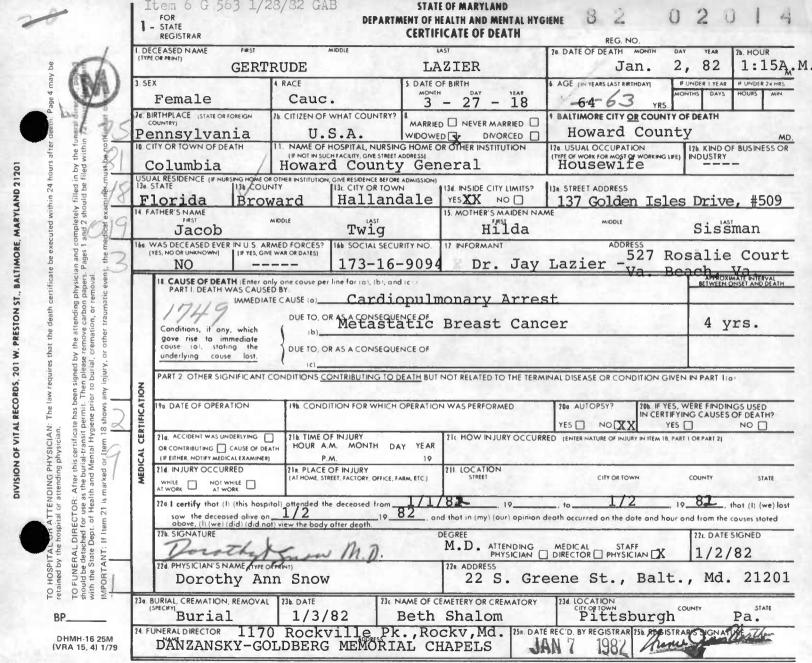
21b. TIME OF INJURY

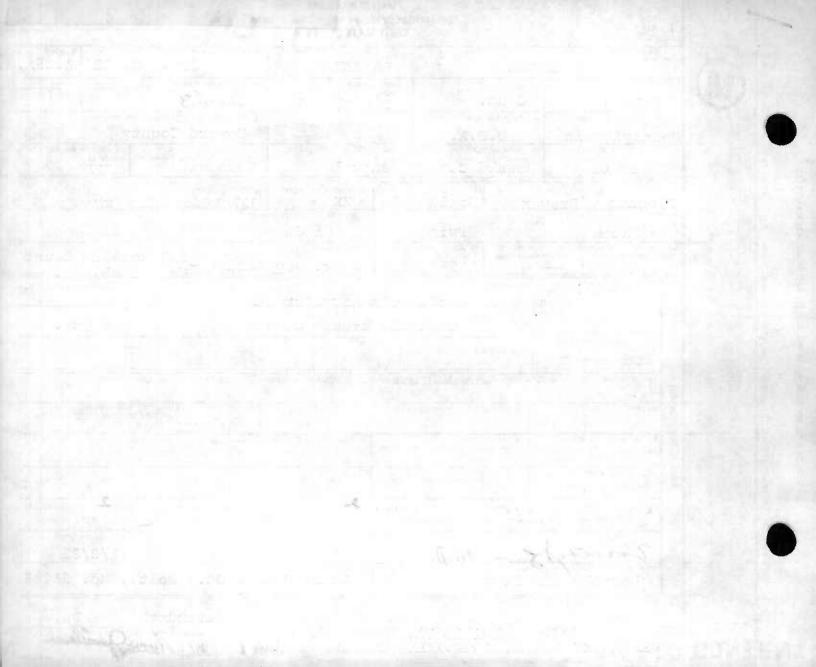
21e. PLACE OF INJURY

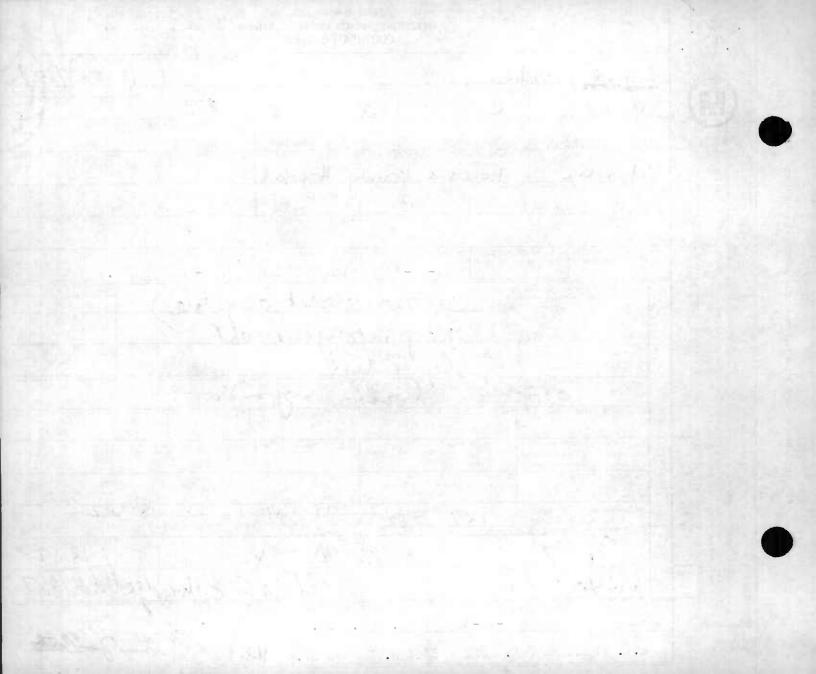
250. DATE REC'D. BY REGISTRAR

DHMH - 16 50M 7/77 (VRA 15(4))

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off on sman)-ship-shi				
vier roughl, July 7 ve				







IMPORTANT: If Nem 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical examiner for the medica TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and campletely filled—by the should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 1 fed with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

+	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	120	1 6
		CEASED NAME OR PRINT) JAN	FIRST F	. MAYNAI	RD		AST		n. 19, 198	DAY YEAR	26 HOUR
1)	3. SE	Male		4 RACE Whit	ce	S. DATE O	t 1, 1899 tear	6. AGE (IN Y	EARS LAST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
1	S	RTHPLACE (STATE ORF		76 CITIZEN OF	Α.	MARRIE			RECITY OR COUNT ard Count		MD.
00		ITY OR TOWN OF DEA		6739 W	vaterlo	o Road	DR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKING L TEG	12b. KIND O INDUSTRY Cons	truction
35	Ma Ma		136 COUN HOV	OTHER INSTITUTION. ITY ward	13c. CITY OR 1	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?		ADDRESS 9 Waterloo	Road	21227
30		ate Brnjami	in Frê	anklin	LAST		late 'Viola		kITh	LAS	T
1		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		5 7440	Joseph E May	ynor 5	ADDRESS 870 Montgo	omery Rd	21227
	No	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which nediate g the last	(b)	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TER/	minal disease	e or condition g	VEN IN PART 110	9,
9	CERTIFICATION	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTO	INCERT	ES, WERE FINDIN IFYING CAUSES	
9	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P./	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR				
	WED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗂	(AT HOME, STR	DF INJURY EET, FACTORY, OFF	FICE, FARM ETC)	21f. LOCATION STREET		CITY OR FOWN	COUNTY	STATE
		22a I certify that (1) sow the decease above, (1) (world) 22b. SIGNATIA	d alive on_	6	-16-1	9 <u>\$1</u> , or	nd that in (my) (see) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL	d on the date and ha		
1		BARBU		CALI	N		3459 S	+ Joi	Run To	ue E.	(2104
	(URIAL, CREMATION, P SPECIFY) rial	REMOVAL	Jan 2	1,1982	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCA		ard, Mar	yland

25

4112 CflumbiaRoad Ellicott City

BP_____ DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
Harry H Witzke

retained by the hospital ar ottending

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0/	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 0	2017
3 0	I. DE (TYPE	CEASED NAME FIRST CATE	MIOOLE 5°,	LAST / / S	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 30
	3. SE		Black	5. DATE OF BIRTH MONTH OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ler death. Per ne funeral dir within 72 ho	C	nd.	U. S. A.	WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH MD.
ofter the find with		Columbia	LOWARA CO	Gen. Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY
AND 2	13a. S	AL RESIDENCE (IF NURSING HOME OR OTH 136 COUNTY HOWA THER'S NAME	13c CITY OR T	OWN 134 INSIDE CITY LIMITS	2425 Mil	lers Mill Rd.
		FIRST MIDD TOSEPH VAS DECEASED EVER IN U.S. ARMEE	DORSEY	MARIA	WIOOFE O	ethiman
S. Pe	(ES, NO OR UNKNOWN) (IF YES, GIVE WAR		8 8339 MARCUS	Dorsey Cooksi	sille, Md
ST., g phy on pk remo	H	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	0	V	Pure	BETWEEN ONSET AND DEATH
the death the ottendiremove coremotion, or er troumot		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	OVENCE OF Fibrilation		6 moth
res the	NO		(c)	TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition gi	VEN IN PART 1(0)
L RECO	CERTIFICATION	19a DATE OF OPERATION		ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
ON OF VITAL 14'SICIAN: The ding physicion is certificate h buriol-transit p. Mental Hygier Mental Byshov or item 18 show	B	2)0. ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
DIVISION PHYSION OF A PHYSION OF CATENDIS	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TENDI oitol or TOR: A for use of Heal	4	22a. I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did no	Can II	9.82	nion deoth occurred on the dote and ho	
By the Brote detail		27b. SIGNATURE	WHS	DEGREE ATTENDIN- PHYSICIAN	G MEDICAL STAFF	226. DATE SIGNED
TO HOSPITAL TO FUNERAL should be deta with the Stote	22- 1	22d. PHYSICIAN'S N. W. ITTE SHIPM	9 S. H		Mills Rd Columbia	. Md 21044
BP	(Burial	1-15-82	31. NAME OF CEMETERY OF CREMATO	y Contosville >	Louard Md.
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FI	HORNY W. Haight	Sylasvill	, - Md. 250.	AN 18 1982 Rem	011-1

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d		Mr Montage	mun Died w	Thomas STAT	E OF MARYLAND		- P3	1 0
8	,	FOR and WW not			HEALTH AND MENTAL HYC	GIENE 8 2	020	1 0
	1	REGISTRAR +0 1+C	6H. W.F. n	CERTI	FICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDDLE	_	LAST	20 DATE OF DEATH MON	TH DAY YEAR	h HOUR-
poge 3	(110)	John	14	mont	somery	117	35	10'8 M
a do do	3 SE	х	4 RACE	5. DATE	SEBIRTH C	6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
oge 4		BWALE	Black	MON	Z ZO	61	YRS. DAYS	HOURS MIN
a /2 axx	B c	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
e (NAMA)	0	05	US.	WIDOW		separated	Homan	MD
_ se	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SHE !_ CILTY, GI	VE STREET " DRESS"	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYP) OF WORK FOR MOST OF WO	RKING LIFE) 12b. KIND OF	BUSINESS OR
201		ammon C.	4957 FOX G	rope es	6.		wes:	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the deoth certificate be executed within 24 hours or thending physician. When this certificate has been signed by the attending physician and completely filled in so so the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be fill than Amenial Hygiene prior to burial, cremation, or removal. On them 18 shows any injury, or other traumotic event, the medical examiner must be the content of the medical examiner must be the content of the medical examiner must be the content of the content of the medical examiner must be the content of the	130	AL RESIDENCE (IF NURSING HOME OF	NTY 13c CITY C	OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	(+8)	1 00
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MAR mplet will stand 2		A200	STA MAIN	ASI	MIRST	MIDDLE	Richarda	
cute cole	160 \	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	ADDRESS	, march	X .
n and c	- (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 249	261883	· Dunchter T	Lama Brown (olumbia md	
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the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF				
s that the		underlying cause lost	(c)					
RDS, 2C equires or signed Then pli to buri	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(6)	
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n. ne low r. n. ne prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPE ATIC	N WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDING CERTIFYING CAUSES O	S USED F DEATH?
TALR The I from te hos ssrt pe giene sshows	RTIE	/ / / / / -	,, (,,			YES NO	YES	NO 🗌
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PHYY tendir this he bu nd M	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK WORK				1 1)2	23	
7 ~ 5 9 4		220.1 certify that (1) (this hospi sow the deceosed olive an	171 000	SC \	nd that in (my) (our) opinion	dooth assured at the date		at (I) (we) lost
OR ATTER the hospital DIRECTOR sched for u Dept. of H	-	abave, (I) (we) (did) (did na 22b. SIGNAJURE	it view the bady after death		DEGREE		The PATE A	
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ERAL Stote	à.	22d PHYSICIAN'S NAME (TYPE O	Thomas	7/(4.	PHYSICIAN [DIRECTOR PHYSICIAN	171/8	1111
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of Or www.	23a. E	BURIAL CREMATION REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		rial	1-11-1982		Dam Baptist	Enoree, Spa	-11000	
DHMH-16 50M7/77	24 F	INERAL DIRE WOR W. Ch	ambers Co			TREC DIBY SEGISTRAP LS	REDISTRAR'S SIGNATUR	E
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filed within 72 with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or removal.

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IMPORTANT: If them 21 is morked or them 18 shows any

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STATE OF MARYLAND

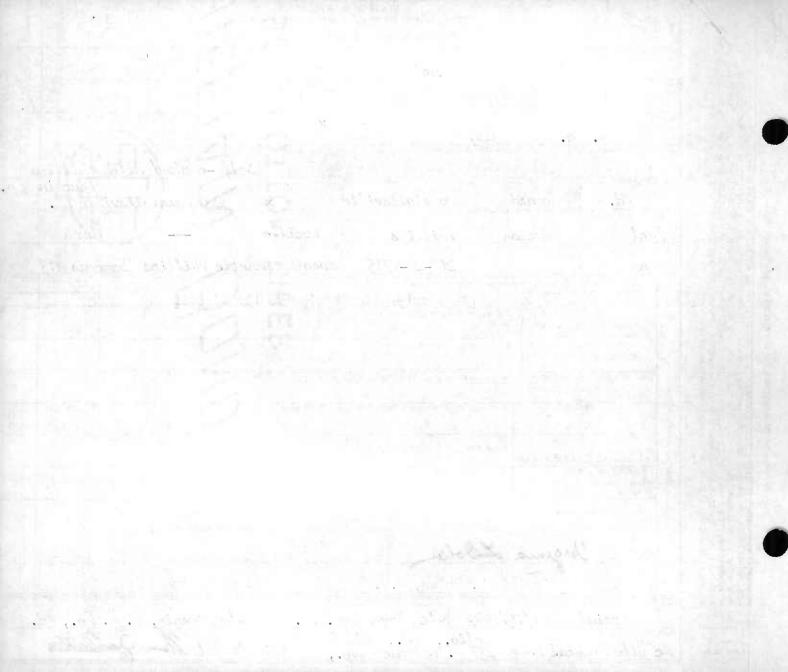
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	02020
1. DECEASED NAME (TYPE OR PRINT) Tren		ettibone.	20. DATE OF DEATH MONTH	24 1982 M
Female.	White.	5. DATE OF BIRTH MONTH DAY FEB. 8 1891	6 AGE (IN YEARS LAST BIRTHDAY) 90 Y	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	2/
MARYLAND 10 CITY OR TOWN OF DEATH Clarksville.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 7370 Hopkins	22 03 1 131	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR INDUSTRY
MARION 60 WAS DECEASED EVER IN U.S. ARM	ITY ISC. CITY OR TOV ITA Coclarksv. LAST COLEMA	ille YES NO IS MOTHER'S MAIDEN NA FIRST	ADDRESS	TAYLOR TAYLOR
	DUE TO, OR AS A CONSEQUE (b) Aiter DUE TO, OR AS A CONSEQUE (c)	oscleratic Hea		N GIVEN IN PART 1(0)
196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. I IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
TO BY THE PROPERTY WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2) COUNTY STATE
220.1 certify that (1) (this haspite saw the deceased plive on above, (1) (we) (did) (did not)	view the body after death,	DEGREE ATTENDING PHYSICIAN I	deoth occurred on the date one DIRECTOR PHYSICIAN Spring Pol	hour and from the causes stated Buttons in ILE M
230 BURIAL, CREMATION, REMOVAL ISPECTBURIST 24 FUNEMAL DIRECTORY	1 - 2 - 0	NAME OF CEMETERY OR CREMATORY NAME METHODS 1250, DAI	23d LOCATION CITYORTON E RECO. BY REGISTRAR 25b. RE	COUNTY STATE

DHMH-16 30M 2/80 (VRA 15, 4)

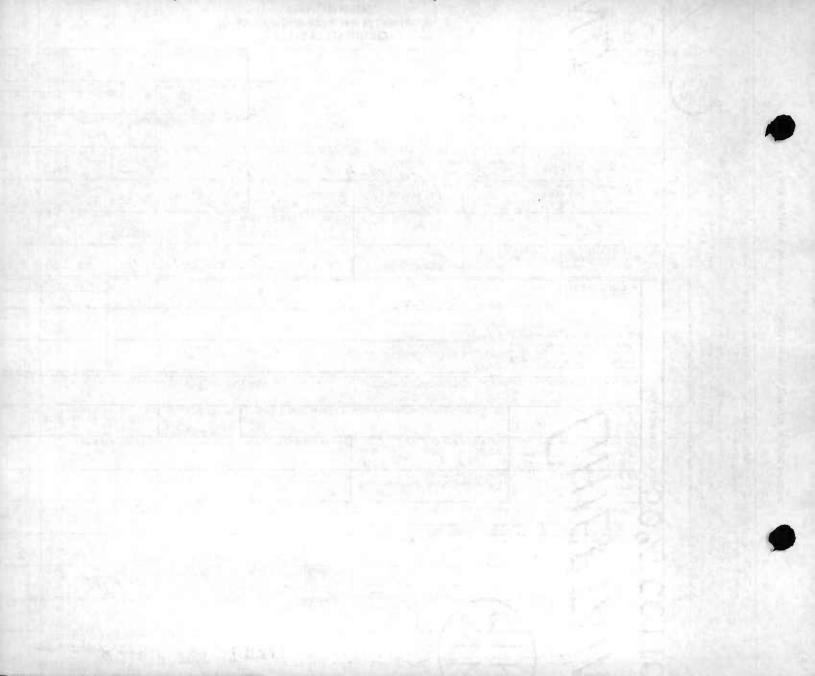
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1 2			EGISTRAR			DICAL EXAMIN			OF DEATH	REG. N	10.	(J die	
/ //			EASED NAME	FIRST		WIDDLE		LAST	2a. D	ATE KNOWN		DAY YEAR	2b. HOUR
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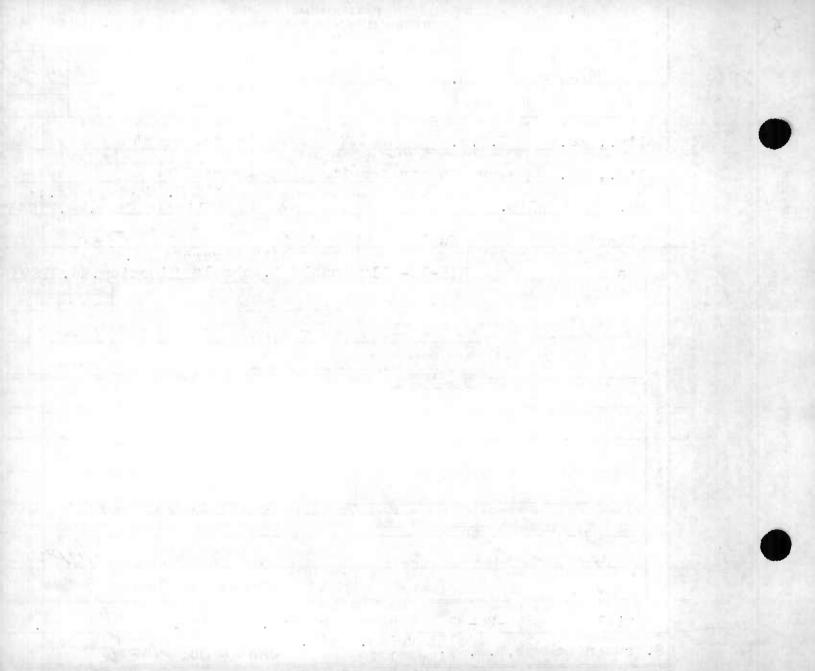
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2 should be f	Ma	TY And Hou	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN	ADMISSION) 13d. INSIDE CITY LIMITS? YES NO		ET HOURS ROAD:
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e Stote Dept TANT: If Iten		22b. SIGNATUM	Hume		DIRECTOR PHYSIC	EF 122c DATE SIGNED
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	{:	urial, cremation, removal Burial		AME OF CEMETERY OR CREMATORY ORTHOR	23d. LOCATION CITY OR TOWN	Baitimore, Marie
7/77		neral director arry H Watzka	4112 Columbia Ro	ad Ellicott Cty	EREC'D. BY REGISTRAN AN 29 1982	25h BEGISTRAR'S SIGNATURE

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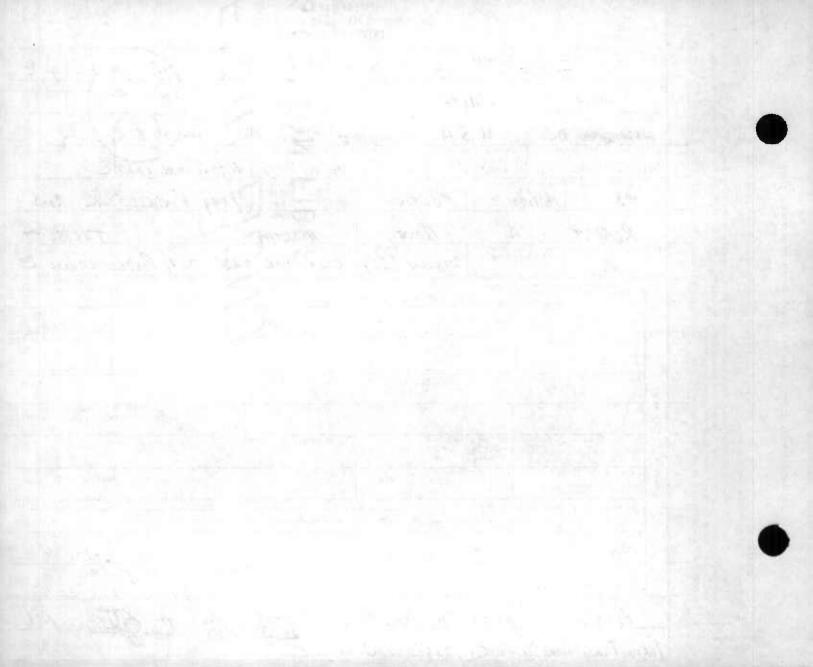
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ON OF	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
NG PHYSICIAN; The low requires the ottending physicion fifter this certificate has been signed be so the buriol-tronsit permit. Then plean than Amenial Hygiene prior to buriol, orked or them 18 shows any injury, or or other properties.	WEI	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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ATTE Sprite CTO I for of H		sow the deceased alive on above, (1) (we) (did) (did not	view the body ofter death.	9 82,01	nd that in (my) (our) opinion d	eoth occurred on the dote and l	hour and from the causes stated
OR JORE DIRE		27b. SIGNATURE	1.0	2	DEGREE		224. DATE SIGNED
AL D AL D detoo ote D		Jones of	Eumo !	0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/17/82
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5 € 5 € 3 ₹	23a.	BURIAL CREMATION, REMOVAL	23b. DATE 2		EMETERY OR CREMATORY	23d. LOCATION	CO. 10.
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(VR A 15 (4))	G.	Truman Schwa	b, P.A. Pike	21229	JAN	12 × 1982 M	W I



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME PRSDELILAH 20 DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTS SIMONS 82 20 01 3 SEX 4 RACE 5 DATE OF BIRTH IF LINDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDED 1 VEAD MONTH FEMALE. 02 1893 02 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED DEVER MARRIED County WASHINGTON DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NURSING HOME OWNER culn BALTIMORE, MARYLAND 2120 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRES HOWARN FULTON PINNELL SCHOOL ROAD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TALBOTT MARTHA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ELLA MAE EARP -7131 PINDELL SCHOOL RU APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c PART I. DEATH WAS CAUSED BY. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., AYVEST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 10-12 hours Conditions if ony, which Edema Monary gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ň CERTIFICATION 0 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a. | certify that (1) (this haspital) attended the deceased from. 82 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1)/(we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED should be deto ATTENDING STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 4 inchew 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 73rt LOCATION BP Mh. 22. 198 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4))



ELLICOTT CITY MD

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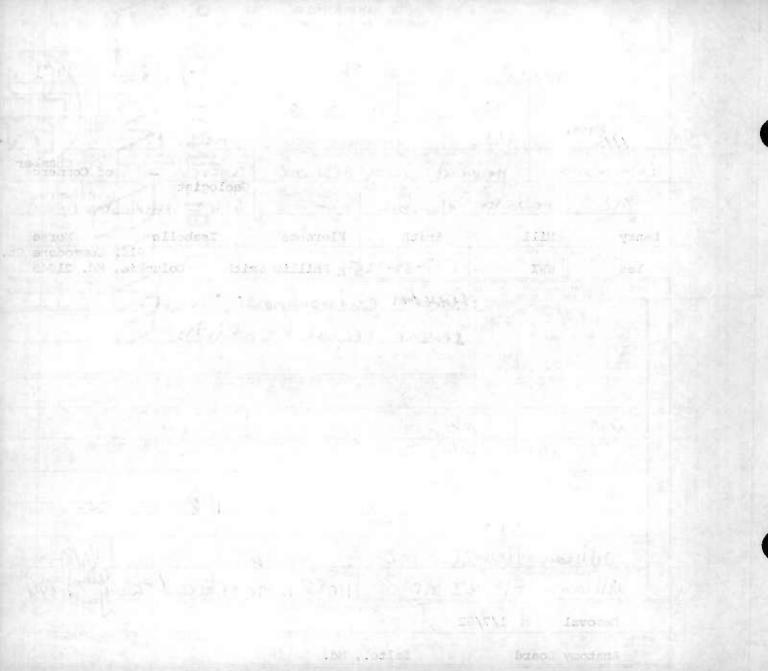
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POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 1. DECEASED NAME FIRST MIDDLE LAST REG. NO. 1. DECEASED NAME FIRST REG. N	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN XX MONTH	
(TYPE OR PRINT)	
	1 1982
SEX 14. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 1 IF UNDER 24 HRS. 2c. DATE MONTH	
male negro May 30, 1922 57 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 1	1 1982 PM
76. CITYEN OF WHAT COUNTRY? 8.	
LLOYD W. SMITH Jr. DEATH MATED 1 SEX 1. RACE S. DATE OF BIRTH YEAR LAST BIRTHDAY YEAR LAST BIRTHDAY YEAR LAST BIRTHDAY YEAR S. LAST BIRTHDAY YEAR S. LAST BIRTHDAY HOURS MIN PRONOUNCED DEAD 1 MALE NEGOTIAL TO SET THE CONTROL OF MALE COUNTRY? B. MARRIED NEVER MARRIED DIVORCED HOWARD COUNTRY? WIDOWED DIVORCED HOWARD COUNTRY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	MD.
(IF NOT IN SUCH FACILITY, GREST REET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STREET ADDRESS 130. STREET ADDRESS YES NO	lie Rd.
9 - NOTA IN FATHER'S NAME IS MOTHER'S MAIDEN NAME	110 110
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WOODDING 1745 UT OUT ANNABOURS Rd. 1745 UT OUT ANNABOR OF CONTROL OF CONTRO	nd. 21229
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: Thermal injury & smoke inhalation Due to, or as a consequence of Conditions, if ony, which gove rise to immediate gove rise to immediate Cause (a) total (b), and (c).) Thermal injury & smoke inhalation Due to, or as a consequence of Conditions, if ony, which gove rise to immediate gove rise to immediate Cause (a) stotal the letter only one couse per line for (a), (b), and (c).) Thermal injury & smoke inhalation	
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UNDERLYING WOR HOUR AN MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 9:30P.M. 1-1- 1982 House fire.	
216 INJURY OCCURRED 218. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	OUNTY STATE
WHILE NOT WHILE W house 1745 Old Annapolis Rd., Woodbine,	
22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection . Inquiry . and in my a	
270. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection II. Inquiry II. and in my of death resulted from: Natural causes III. Specified III. Accident XI. Suicide III. Hamicide III. Undetermined monner III. Specified III. Accident XIII. Accident XIIII. Accident XIII. Accident XIIII. Accident XIII. Accident XIII. Accident XIII. Accident XII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGN	ED 1-2-82
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EXAMINERS TAME Ann M. Dixon, M.DADDRESS111 Penn St.	
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DHAMI-17 24. FUNERAL DIRECTOR ADDRESS ADDRESS	Lan llestion
(VRAISME(5)) Harry W. Haight Sykaeville, Mid. 1904	4

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ge 3 eoth	I DE	CEASED NAME OR PRINT)	Richard	MIDDLE	ith.	20. DATE OF DEATH MONI	TH DAY YEAR 26 HOUR C 35 M
tor, page after deal	3 SE	m	4 RACE	S DATE MOR	OF BIRTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
1		RTHPLACE (STATE OR FI		OF WHAT COUNTRY? 8 MARR	IED NEVER MARRIED	HOWAT &	1110
by the siled an artified to the siled to the	10. C	TY OR TOWN OF DE	I IF NOT IN	OF HOSPITAL, NURSING HOME SUCH FACILITY GIVE STREET ADDRESS		120 USUAL OCCUPATION	RKING LIFE) 17b KIND OF BUSINESS OR INDUSTRY Chamber of Commerce
ould be fi	USU, 13a. S	AL RESIDENCE HE NURS	SING HOME OR OTHER INSTITUTION TO SHOW A COUNTY		13d. INSIDE CITY LIMITS?	Geologist 13e STREET ADDRESS	Columbia.
and 2 sho		THER'S NAME	Hill MIDDLE	Smith	15 MOTHER'S MAIDEN NA FIRST Florence	Isabelle	Morse
Peges I and		VAS DECEASED EVER	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)	? 166 SOCIAL SECURITY NO 578-39-22	17 INFORMANT	ADDRESS Colu	6162 Commodore Ct
ten signed by the unertal of the property of t	TION		which medicte and the bust. (c).	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BU			
shows on	CERTIFICATION	190 DATE OF OPERA		NOITION FOR WHICH OPERATI		YES NO NO	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
entol Hygie trem 18 sho	MEDICAL CE	OR CONTRIBUTING []	CANSOFDAH HOUR		8	RRED (ENTER NATURE OF INJURY IN IT	TEM 18, PART 1 OR PART 2)
rked or	MED	WHILE AT WORK	I AT HOME.	STREET AACTOR PETTICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healt		sow the deceos	(this hospital) attended ed alive an did) (did not) view he ba	19 0-	and that in (my) (aur) opinion	deoth occurred on the date a	nd haur and from the couses stated
be detached e State Dept. TANT: If Item		226. SIGNATURE	oan How	et mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
POR POR		22d PHYSICIAN'S N		vers mp	11085 LIH	le Patrixent	Ekung alam sun mis
	23a E	URIAL, CREMATION, PECIFY) Remova			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
16 50M 1/76 A 15 (4) }	24 FU	INERAL DIRECTOR NAME Anatom	y Board	ADDRESS Balto	., Md. JAN	TE REC'D. BY REGISTRAR MALE	REGISTRAL DEPARTMENT OF



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the flushould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

may be

STATE OF MARYLAND

1	- STATE REGISTRAR	DEFAR	CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	e L	Snider	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
3.5E	renale	white	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNT	1 /2
00	O woodia	LOR PIN DWA	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS O INDUSTRY SELF RAIP.
130	1 1 11 11		WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5421 TROTTE	n RJ.
3	Thendenie	MIDDLE LIST LAST	T ANNIE	WIDDIE	REVTH
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? (F WAR OR DATES) 578-46	-6423 Many ANN W	IPITER CIARKSUL	VER ROAD
	PART I. DE ATH WAS CAUSE	nly one couse per line for (o), (b), o ED BY. TE CAUSE (o) CHF	CONGESTIVE	HEART FAILUES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEON	. /	HILURE	
	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO	UENCE OF SUB OUNA	HEMATON.	9
NOI	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE JER	, and the same of	VEN IN PART I (0)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
JP 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
MEDICAL	WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
	sow the deceased alive or	ntol) attended the accessed from		, to, to, n death occurred on the date and ha	, 19, that (I) (we) lo ur and from the causes stated
	22b. SIGNATURE	. X. Lees		MEDICAL STAFF DIRECTOR PHYSICIAN	1/20/82
	PHYSICIAN'S NAME (TYPE O	L. REES	220 ADDRESS 3 4 5 9	5+ 50000 2	1 Eccies
	BURIAL, CREMATION, REMOVAL	1 4 4 6 4	NAME OF CEMETERY OR CREMATORY	SITY OR TOWN	COUNTY STATE
24. F	UNERAL DIRECTOR	ADDRESS ADDRESS			TRAF'S SIGN PROPERTY

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

Jab'us sal MIN 25 NO PLANS OF MILE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1	REGISTRAR		CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME FIRST		NIUDLE	1	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR			
1		VIOL	A Ma	У	ST	WART	1-30.8	2		7.55			
	3. SE	FEMALE	4. RACE	· T	5. DATE C		& AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS			
1				FILE	Dec.	15, 1850	91	YRS.		MIN.			
00		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY						
\geq		irginia	U.S.A		WIDOWE		Howard (ME			
8	C	olumbia	loward	11. NAME OF HOSPITAL, NURSING HOME OR OTH (F NOT IN SUCH FACULTY, GIVE STREET ADDRESS) Howard County Genera			USUAL OCCUPATION OF HOME OF WORK FOR MOST		INDUSTRY Home	OF BUSINESS OR			
35	130	aryland re	derick	GIVE RESIDENCE BEFORE 13 CITY OR TOWN	ick	13d. INSIDE CITY LIMITS?	138 STREET ADDRESS WIJ	liam	Drive				
Ex.		ATHER'S NAME	MADLE •	LAST		15 MOTHER'S MAIDEN NA			LAS				
0	C	haries Henry	Smith	110			Rose Jenette Seabach						
dico		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	19505	South	ledge R			
		NO NO OR UNKNOWN) N/A		579-10-	2324	Helen V. F	errish -	Fores	stvill	.e, MD			
E.		18 CAUSE OF DEATH (Enter	18 CALISE OF DEATH (Fotor goly age cove per line for up the god is)										
		PART I. DEATH WAS CAUSED BY. UPPG- Q. 1. Bleeding From a large Durke BETWEEN ONSET AND DEATH											
		4292 Exployed for allerge formy											
r froums		Conditions, if any, which											
		gove rise to immediate											
		underlying cause last DUE TO, OR AS A CONSEQUENCE OF CHF, ASVD, Cur. Brain Syndy											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
Ė	CERTIFICATION	Ecthyun	n Gans	rends	nus	. A Rt -1317	Tacle		Et all A L ANT 10				
-	CAT	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	VGS USED			
L	Ĭ.	1-3-82	ug	1 Blee	Quice	2	YES TO NOT		YING CAUSES	OF DEATH?			
	CER	210 ACCIDENT WAS UNDERLYING	7 21b. TIME OF	INJURY	7	21c. HOW INJURY OCCURR				110			
9		OR CONTRIBUTING CAUSE OF D		A. MONTH DA									
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.A 21e. PLACE C	-	19	211 LOCATION							
	X	WHILE NOT WHILE THE AT WORK	(AT HOME STRE	EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE			
		220 I certify that (I) (this has	sital) attended the	darana di firan		13-30 to C-1	1-	2	- 0-0				
		saw the deceased alive of	1 -	2-9-109	2-00	nd that in (my) (our) opinion o	enth occurred on the	50	19	that (I) (we) last			
		abave, (I) (we) (did) (did r 22b. SIGNATURE	at) view the bady o	after deoth.			seom occorred on the d	are and naur					
		III. DATE SIGNED											
1		PHYSICIAN DIRECTOR PHYSICIAN 1-50-82											
		22d. PHYSICIAN'S NAME (IYPE OR PRINT) 22e ADDRESS 11085 Lille Patricelet											
1			AKAR			PEWY, CE	lumbia		D 2-10	046			
	23o. l	SURIAL, CREMATION, REMOVA		23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COLWE	40.00			
	1	Burial	Feb. 2,	1982	edar	Hill Cemet	ery Suit	land,	Pr. C	AND A THE			
10	24. FI	INERAL DIRECTOR Lee	Funeral	Home,	Inc.	25a. DATE	B 4 1982	25 EGISTI	RATSWENAT	Marthe			
663	3	Old Alexande	r Ferry	Rd., (Lint	on, MD FE	B 4 1982	CHARLA	0				

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		FOR			TE OF MARYLAND		00076
10	1	- STATE	5 11=	CEPTI	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE O G	0 2 0 0
	LDS	CEASED NAME FIRST	R. WE	IDA	IAST	REG. NO.	
e g g	(TYP	E OR PRINT))				ONTH DAY YEAR 26 HOUR
oy be deat		limot	hy R.	We		۵	10.10
fre- p	3. SE	× M ALE	4 RAGE	5. DATE		6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
8 18	70 B	IRTHPLACE (STATE OR FOREIGN	Whit	& 4	-1-48	33	YRS.
(Ma) 17 /		PENNSYLVANIA	16. CITIZEN OF WH.	MARRI	ED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
	10 C	ITY OR TOWN OF DEATH	USA 11. NAME OF HOS	WIDO W		12a USUAL OCCUPATION	N 126. KIND OF BUSINESS OF
- No. 12 - 150		Columbia	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	10/4-1	TEACHER	VORKING LIFE) INDUSTRY EDUCATION
212	₩SU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	trep		FDOCKLION
AND tilled could could make	130.	Md . 136 COUN	was d	Sa KOSULLY	YES NO	13e STREET ADDRESS	est Chocker Hillock
within within dates	14. F.	ATHER'S NAME	IDDLE		15. MOTHER'S MAIDEN NAM	AE .	STORES OF THE STORES
E, MARYL, orted within completely and 2:s and 2:s		CLAUDE	R.	WEIDA	FIRST	WIDDIE	FEGELY
		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166	SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	
		NO	NAME OF BAILST	73-36-2448	GABRIELE WEI	DA 5832 West	chester Hills Ct.
Sf., BALT rtificate b physicion on popers. emoval.		18 CAUSE OF DEATH (Enter onl	y one couse per line	for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 9 9		PART I. DEATH WAS CAUSED	CAUSE (o)	alignant	soft times	Aareon	15 MONTHS
W. PRESTON ST the death cert y the ottending p se remove carbon cremation, or ren ther troumatic ev	1	1719	DUE TO OR AS	A CONSEQUENCE OF	U		
PRESTON he death ce motheredin mation, or i	1.5	Conditions, if ony, which	(b)	A CONSEGUENCE OF	4 -41	Mr.C.	
the remover the	13	gove rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENCE OF			
		underlying couse lost.	(6)	A CONSEGUENCE OF	Control 1990		and the second
gned puriol fry, or ry, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONT	RIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDI	TION GIVEN IN PART 1(n)
RDS,	NO NO	Holaki	a Die	25-15			
beer mit.	S I	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
VITAL RE IN WAYS The Ich Mysicion. Icate hos ronsit per Hygiene 118 shows	CERTIFICATION					YES TO NOTE	YES NO NO
VITAL NASCIO NASCIO NASCIO Hygie Hygie	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN		21c. HOW INJURY OCCURR		
YSICIAN: THY Gling physicial grantificate buriol-transit Mentol Hygies or them 18 shows or the 18 sho	¥	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH DAY YEAR			
G PHYSK attending attending to this ce s the buries one Anna Men	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	NJURY	21f. LOCATION		
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires the or attending physicion. or attending physicion has been signed be as the buriol-tronsit permit. Hen please as the buriol-tronsit permit. Hen please of the Mental Hygiene prior to buriol, marked or Item 18 shows any injury, or a	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, I	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
D o d o o o o		22a. I certify that (1) (this hospite	ol) ottended the de	ceosed from	tamber 19 30	10 Prass	19, thot(1) we) los
OR ATTEN OR ATTEN DIRECTOR: coched for us Dept. of Hem 21 is		sow the deceosed glive on obove, (1) we) did did not	view the Hody ofte	19.82 . o	nd that in (my) our) opinion d	eath accurred on the date	ond hour and from the causes stated
OR A DIRECTOR A DEPT.		226. SIGNATURE	new the oddy one	, decay.	DEGREE		224. DATE SIGNED
Al Al Help		Dolores	m Pu	excloyo	ATTENDING PHYSICIAN	MEDICAL STAFF	NO 29 langs
HOSPITAL ined by th FUNERAL wid be deta th the Stote		22d. PHYSICIAN'S NAME (TYPE OR	PRINT		220 ADDRESS COLL	INBIA P	ROF. BLOG
TO HOSPIT retained by TO FUNER should be with the Ste		VOLORES M	PURM	ELLMO	COLI		11 21044
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	
BP		Cremation	FEB. 1,	1982 WEST	VIEW CEMETERY		SVILLE MARYLAND
DHMH - 16 50M 1/76	24 F	INERAL DIRECTOR EROY M. & RUSSEI	1 C WITT		250 DATE	REC'D. BY REGISTRAR 25	
(VR A 15 (4))		555 TWIN KNOLLS		OLLIMBTA MARY		.B 3 1982	Money Josephan

recommendation of the spinores. LAND OF THE STREET OF THE STRE